



Fee: \$100
(additional pools \$50/ea)

TOWN OF ROCKPORT

BOARD OF HEALTH

34 Broadway

Rockport, Massachusetts 01966

Telephone 978 -546-3701 Fax: 978-546-5013

www.rockportma.gov

APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

(must be received by the Board of Health 30 days prior to opening date; year-round pools must submit by March 1st)

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in the State Sanitary Code, Chapter V, Minimum Standards for Swimming Pools.

Owner: _____ Phone: _____

POOL LOCATION _____

Hours of operation: _____ If seasonal, approx. date of opening: _____ closing: _____

Certified Pool Operator*: _____ Phone: _____

Email Address of Pool Operator: _____

****Please attach a copy of CPO Certificate***

Mailing Address: _____

Email: _____

Person(s) maintaining and operating pool: _____

Person(s) testing the pool: _____

SIZE: Length: _____ feet Width: _____ feet Volume: _____ gallons

SOURCE OF POOL WATER _____ SEWAGE DISPOSAL: ___ Town Sewer ___ On-site Septic

FILTER TYPE: _____

DISINFECTION METHOD: (Specify Disinfection Chemical(s) and Type of Feeder)

OTHER CHEMICALS: _____

Additional Information: _____

Signed: _____ Date: _____

Print Name: _____ Title: _____

OFFICE USE ONLY: Approved By: _____ Date: _____